

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>3258</b>	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Guillermo Donayri  P O Box Bldg Room No if any Room 401  Street 1405 N King St  City Honolulu  State Hawaii ZIP Code + 4 96817	4 Name file number and address of labor organization Name Sheet Metal Workers AFL CIO Local Union 293  Labor Organization File Number 038 672  P O Box Building and Room Number if any Room 401  Street 1405 N King St  City Honolulu  State Hawaii ZIP Code + 4 96817
5 Position in labor organization Vice President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(ex e t as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest Transaction or Income          7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On 8/12/2004 Date	808 841 5078 Telephone Number

Name of Person Filing Guillermo Donayri	File Number U
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<p><b>B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from or selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested</b></p>	
<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name Hawaii Sheet Metal Workers</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any Room 403</p> <p>Street 1405 N King St</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96817</p>	<p><b>9 Business deals with</b></p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name Hawaii Sheet Metal Workers</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any Room 403</p> <p>Street 1405 N King St</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96817</p>	<p><b>11 a Nature of such dealing</b></p> <p>Sit as a trustee on all of the Hawaii Sheet Metal Workers Trust Funds Pension Annuity Health &amp; Welfare Training Vacation</p>
	<p><b>11 b Approximate dollar value of such dealing</b></p>
	<p><b>12 a Nature of interest held or income received</b></p> <p>6 dinners in conjunction with monthly trust fund meetings</p> <p>Expenses incurred from the attendance at educational conferences and Local Annual meeting Expenses include air fares hotel ground transportation daily expenses</p>
	<p><b>12 b Amount</b> \$13 617</p>

<p><b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>	
<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b></p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a Nature of payment</b></p>
<p><b>13 b Is the Business an Employer or Consultant ?</b></p>	<p><b>14 b Amount of payment</b></p>